

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Craig	
Application No.: 10/553,593	Group Art Unit:
Filed: 10/18/2005	
Title: Advanced Gestation Wheel Calculator	Confirmation No:
Attorney Docket No.: HRCM.P-007	
Customer No.: 021121	

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:


Applicant requests that the references listed on form PTO 1449, which is attached, be made of record in the US Patent and Trademark Office in the file relating to the above-captioned application. Copies of the references are enclosed.

This paper is submitted within three months of the application filing date. Accordingly, no fee should be due. The Commissioner is authorized to charge any fees due in connection with this paper or credit any overpayment to Deposit Account No. 15-0610.

This Information Disclosure Statement discloses a web page. The first date of publication of this web page is unknown to Applicant and the undersigned. Applicant became aware of the web page on December 2, 2005. The undersigned attempted to retrieve additional information about

the web page using the “wayback machine” provided by the archive.org web page. No additional information regarding earlier publication dates was found using this tool. However, a cache of the web page retrieved on November 27, 2005 was available from Google. A copy of this cache is also included.

Respectfully submitted,

A handwritten signature in cursive script, reading "Jessica L. Olson", written in dark ink.

Jessica L. Olson

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	10/553,593
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Filing Date	October 18, 2005
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First Named Inventor	Craig
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Art Unit

Examiner Name _____

Sheet 1

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Attorney Docket Number	HRCM.P-007
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NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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